

### Client Information

Thank you for giving Alta Vista Veterinary Clinic the opportunity to care for your pet. So that we may become acquainted and serve you better, please complete the following:

Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_  
Last First Last First

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Residence Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Name Address Phone Number

Co-Owner's Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

How did you find our hospital? Please circle one of the following:

- Drive By:**..... Sign, Location
- Internet Search:**..... Bing, Google, Yahoo, Yelp, Yellow Pages, Other
- Personal Recommendation:**..... If so, who may we thank? \_\_\_\_\_
- Phonebook:**..... AT&T, Valley, Verizon, Other
- Website:**..... Altavistavetclinic.com

**WE DO NOT ACCEPT CHECKS OR AMERICAN EXPRESS AND DO NOT DO BILLING.  
Payment must be paid in full at the time of service.**

Contact Request:  
Best Number to reach you at: Home ( ), Cell ( ), Work ( ).  
Beset time to call: \_\_\_\_\_.

I authorize and understand that I (or my agent) am responsible for all charges for services rendered to my pet(s) at Alta Vista Veterinary Clinic, and that all fees are to be paid in full upon the release of the patient to the owner or agent. By signing this form, you are agreeing to the terms of this account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Staff use only/Date of information check

\_\_\_\_\_